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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Paul Petersen	§	Group Art Unit: 1615
	§	
Serial No.: 09/419,523	§	
	§	Examiner: N/A
Filed: 10/18/99	§	
	§	
For: Determining Memory Upgrade Options	§	Atty. Dkt. No.: MICE-0051-US (99.02108)
	§	

REQUEST FOR CORRECTED OFFICIAL FILING RECEIPT

Assistant Commissioner for Patents
Office of Initial Patent Examination
Customer Service Center
Washington, D.C. 20231

Dear Sir:

Enclosed is a copy of the Official Filing Receipt marked in red to show corrections that are needed. The corrections are as follows:

Please change the word IA to --ID.-- for the applicant's state of residence.

Please change the word Mile to --Miles-- in the attorney's firm name.

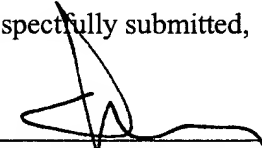
Issuance of a corrected Official Filing Receipt is respectfully requested.

☒ This Request for Corrected Official Filing Receipt is being filed to correct a Patent Office error. No fee is required.

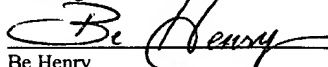
☐ The \$25.00 fee required under 37 C.F.R. § 1.19(h) to correct an Official Filing Receipt due to applicant error: ☐ is enclosed; ☐ is authorized to be charged to Deposit Account No. 20-1504 and this paper is submitted in duplicate.

Respectfully submitted,

Date: 11-17-1999


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Trop, Pruner, Hu & Miles, P.C.
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I hereby certify under 37 CFR 1.8(a) that this correspondence is being deposited with the United States Postal Service as **first class mail** with sufficient postage on November 17, 1999 and is addressed to the Assistant Commissioner for Patents, Washington, DC 20231.


Be Henry

FILING RECEIPT



UNITED STATES DEPARTMENT OF COMMERCE
Patent and Trademark Office
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OF PATENTS AND TRADEMARKS
Washington, D.C. 20231

APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTORNEY DOCKET NO.	DRWGS	TOT CL	IND CL
09/419,523	10/18/99	1615	\$760.00	MICE-0051-US	3	20	3

COE F MILES
TROP PRUNER HU & **MILE** PC
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HOUSTON TX 77024

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts of Application" ("Missing Parts Notice") in this application, please submit any corrections to this Filing Receipt with your reply to the "Missing Parts Notice." When the PTO processes the reply to the "Missing Parts Notice," the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

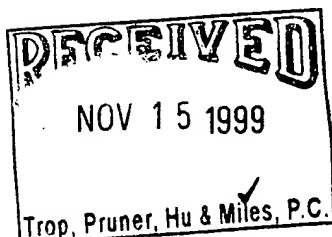
Applicant(s) PAUL PETERSEN, BOISE, **IA.** ID.

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 11/09/99

TITLE

DETERMINING MEMORY UPGRADE OPTIONS

PRELIMINARY CLASS: 711



No Docketing
Required
Date: 11/15/99

DATA ENTRY BY: DIXON, DOROTHY L. TEAM: 04 DATE: 11/09/99

(See reverse for new important information)

SERIAL NUMBER 09/419,523	FILING DATE 10/18/99	CLASS 711	GROUP ART UNIT 1615 2186	ATTORNEY DOCKET NO. MICE-0051-US
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APPLICANT

PAUL PETERSEN, BOISE, ID.

CONTINUING DOMESTIC DATA***
VERIFIED

CPC

371 (NAT'L STAGE) DATA***
VERIFIED

CPC

FOREIGN APPLICATIONS***
VERIFIED

CPC

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Foreign Priority claimed 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY ID	SHEETS DRAWING 3	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
Verified and Acknowledged Examiner's Initials <u>CPC</u> Initials _____				

ADDRESS

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TITLE

DETERMINING MEMORY UPGRADE OPTIONS

FILING FEE RECEIVED \$760	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____
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